STATEMENT OF

FORM 1	ORGANIZATION (See instructions)	l	Office use only
NAME OF COMMITTEE (in	(Check if name Examp is changed) over the	ole: If typying, type te lines	=4M5
Nationwide M	utual Insurance Company Iowa Political A	ction Committee	
	1100 Locust		
ADDRESS (number and	DM-01-0301		
(Check if address is changed)	Des Moines		50391 - 0301
	CITY▲	STATE	ZIP CODE 🛦
COMMITTEE'S E-MA (Check if address is changed)	L ADDRESS (Please provide only one e-mail addres bearins@nationwide.com	s)	
COMMITTEE'S WEB	PAGE ADDRESS (URL)		
(Check if address is changed)			
2. DATE 0 3			
3. FEC IDENTIFICA	TION NUMBER C C001	23976	
4. IS THIS STATEM	ENT NEW (N) OR X	AMENDED (A)	
I certify that I have exami	ned this Statement and to the best of my knowledge and large and l	belief it is true, correct and comple	ete
Signature of Treasurer	Electronically Filed by Kay Godfredsen	Date	0 3
NOTE: Submission of fa	se, erroneous, or incomplete information may subject the		•
Office Use Only		or further information contact: ederal Election Commission oll Free 800-424-9530	FEC FORM 1 (Revised 02/2009)